



# CACFP Enrollment Form

08

(Not required for Outside-School-Hours & Special After School Snack Programs)

**Child's Name:** \_\_\_\_\_

**Days in Care: Circle all that may apply:**

Sun.   Mon.   Tues.   Wed.   Thurs.   Fri.   Sat.

**Hours my child is in care:** \_\_\_\_\_ AM to \_\_\_\_\_ PM

**If the hours are varied, please explain:**

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**The meals my child will normally receive are:  
(Circle all that may apply.)**

Breakfast

AM Snack

Lunch

PM Snack

Supper

Evening Snack

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date